

Step 1: Provide the following debtor information

1 Debtor's name _____

2 Debtor's Social Security number _____

3 Debtor's present or last known address

Street _____

City _____

State _____

ZIP _____

7 Financial institution where you made direct deposits for this debtor _____

8 Financial institution address

Street _____

City _____

State _____

ZIP _____

4 Debtor's last known phone number (____) ____-____

5 Do you owe the debtor any funds? ☐ Yes ☐ No

6 Is this the last payment you will be sending us? ☐ Yes ☐ No

If you answered "Yes," mark the box that best describes why this is your last payment.

☐ This is the last payment needed to fully pay the debtor's liability.
 ☐ As of ____/____/____, I no longer employ this debtor.

Month

Day

Year

☐ Other reason: _____

9 Debtor's new employer _____

10 New employer's phone number (____) ____-____

11 New employer's address

Street _____

City _____

State _____

ZIP _____

12 Information that may help us locate this debtor _____

Step 2: Answer the following interrogatories

13 Write the amount of court-ordered child support that is due each week.

14 Figure the amount to withhold. See instructions.

	Column A Gross wages	Column B 15% of gross wages (Multiply Column A by 0.15)	Column C Total withheld (FICA, federal tax, and state tax)	Column D Disposable earnings (Column A minus Column C)	Column E 45 times minimum hourly wage	Column F Column D minus Column E	Column G Net amount due (Lesser of Columns B or F)	Column H Total amount due (Column G minus Line 13, no negative figures)
wk 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 4	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 5	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 6	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 7	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 8	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 9	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
15 Add the figures in Column H. You must send us this amount. Make your remittance payable to "Illinois Department of Revenue."								\$ _____

Step 3: Sign below

The undersigned, under oath, states that the answers to the interrogatories are true, and a completed copy of the interrogatories has been hand-delivered or mailed first class to the address provided in Step 1 on ____/____/____.

Month

Day

Year

Signature of employer or employer's agent

Phone

Signed and sworn before me ____/____/____.

Month

Day

Year

Mail to:

Signature of notary public

EDC-111 (R-5/04)

This form is authorized as outlined by the Public Act 86-1268. Disclosure of this information is REQUIRED. Failure to provide information could result in personal liability of the employer. This form has been approved by the Forms Management Center.

IL-492-3161

